

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Child Care Administration

DATE RECEIVED

## APPLICATION FOR CHILD CARE ASSISTANCE

☐ INITIAL APPLICATION AND REQUEST ☐ REAPPLICATION Please read each question carefully, then answer the questions honestly and completely. The case manager will assist you with any of the questions you do not understand. To apply for benefits, you must complete this form.

☐ Yes ☐ No Have you ever received child care services from the Department of Economic Security (DES)? If yes, \_\_\_\_\_  
WHEN WHERE (City, County) UNDER WHAT NAME (Last, First, M.I.)

LIST ALL HOUSEHOLD MEMBER'S NAMES (First, Last, M.I.)	RELATIONSHIP TO YOU	*RACE  AI: American Indian or Alaskan Native; AS: Asian; BL: Black or African American; NH: Native Hawaiian or Other Pacific Islander; WH: White  (Check all that apply)	SOC. SEC. NO.	DATE OF BIRTH	HISPANIC/LATINO? (Circle if yes)	NEEDS CHILD CARE? (Circle if yes)	NAME OF CHILD'S SCHOOL (Indicate if school is year round)	GRADE	SCHOOL HOURS
1. APPLICANT'S FULL LEGAL NAME	SELF	<input type="checkbox"/> **AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> NH <input type="checkbox"/> WH			Y				
2. SPOUSE/OTHER PARENT	SPOUSE <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> **AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> NH <input type="checkbox"/> WH			Y				
3.		<input type="checkbox"/> **AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> NH <input type="checkbox"/> WH			Y	Y			
4.		<input type="checkbox"/> **AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> NH <input type="checkbox"/> WH			Y	Y			
5.		<input type="checkbox"/> **AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> NH <input type="checkbox"/> WH			Y	Y			
6.		<input type="checkbox"/> **AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> NH <input type="checkbox"/> WH			Y	Y			
7.		<input type="checkbox"/> **AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> NH <input type="checkbox"/> WH			Y	Y			

\*You may voluntarily indicate your race and ethnic background. Please indicate all that apply.

\*\*☐ Yes ☐ No Are you an enrolled member of an American Indian tribe? If yes, which tribe?

MAILING ADDRESS (Apt./Space #, No., Street, City, State, ZIP)

PHONE NO.

( )

RESIDENTIAL ADDRESS (If different from above)

MESSAGE PHONE NO.

( )

OTHER NAMES USED BY YOU (e.g., maiden)

NAME OF PERSON TO CONTACT IN CASE OF AN EMERGENCY

RELATIONSHIP

PHONE NO.

( )

ARE YOU CURRENTLY A U.S. CITIZEN? ☐ YES ☐ NO IF NO, IF NO, WHAT IS YOUR IMMIGRATION STATUS? ☐ Single-never married ☐ Married

ARE YOU A LEGAL RESIDENT OF THE U.S.? ☐ YES ☐ NO ☐ Separated ☐ Divorced ☐ Widowed

WHY DO YOU AND YOUR SPOUSE OR OTHER PARENT IN THE HOME NEED CHILD CARE SERVICES? ☐ Employment ☐ School/Training ☐ Medical Reasons

☐ DES Jobs Program ☐ Other (Describe)

HOW LONG DOES IT TAKE YOU TO TRAVEL FROM YOUR CHILD CARE PROVIDER TO YOUR WORK OR SCHOOL? \_\_\_\_\_ Minutes

TRANSPORTATION USED? ☐ Own Vehicle ☐ Carpool ☐ Bus

☐ Bicycle ☐ Walk ☐ Other (Describe)

WHICH CHILD CARE PROVIDER HAVE YOU CHOSEN? (If known)

PROVIDER'S ADDRESS (No., Street, City, State, ZIP)

PHONE NO.

( )

☐ Yes ☐ No Do any of your children have special needs? If yes, please indicate which child and a description of any special needs:

☐ Yes ☐ No Is any household member temporarily out of the home?

If yes, name of the absent household member: \_\_\_\_\_

Relationship of absent household member to you/your child: \_\_\_\_\_

Reason for absence: \_\_\_\_\_ Expected date of return: \_\_\_\_\_

☐ Yes ☐ No Do you or your spouse receive housing assistance in the form of cash or vouchers?

☐ Yes ☐ No Do you or your spouse pay child support for children who do not live with you? If yes, complete below.

WHO IS PAYING THE SUPPORT

FOR WHOM PAID (Name of child)

MONTHLY AMOUNT PAID

**YOUR ACTIVITY INFORMATION - (Do you have more than one job? ☐ Yes ☐ No)**

[illegible][illegible]

**RIGHTS AND RESPONSIBILITIES****YOUR RIGHTS**

1. Section 601 of the U.S. Civil Rights Act of 1964 states, "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."
2. You have the right to apply for child care services.
3. You have the right to a decision on the application within 30 days from the date your application is received.
4. You have the right to appeal for a hearing on the action or inaction on your case.
5. You have the right to any child care service provided in your area and available to persons in your same circumstances.
6. Information which you provide is confidential and shared with agency staff only as it relates to child care.
7. If you are determined ineligible or if your services are stopped and you disagree with the decision, you may appeal the decision in writing within 10 calendar days of the date the decision letter is mailed. IF CHILD CARE SERVICES ARE BEING STOPPED DUE TO NON-PAYMENT OF THE REQUIRED CO-PAYMENTS FROM YOU, AND YOU WISH TO APPEAL, YOU MUST FILE AN APPEAL WITHIN 10 CALENDAR DAYS OF THE STOP DATE IN ORDER FOR CHILD CARE SERVICES TO CONTINUE DURING THE APPEAL PERIOD.

**YOUR RESPONSIBILITIES**

1. You must sign this form below.
2. You must be a U.S. citizen or a legal resident of the U.S. in order to receive child care benefits.
3. Your child care services may be stopped if you fail to pay the designated co-payment to your child care provider.
4. You may only use child care for purposes authorized (*i.e., employment*).
5. You must read all information sent to you. Contact your child care specialist if you have any questions regarding information that you receive on your case status or child care arrangements.
6. YOU MUST NOTIFY YOUR CHILD CARE SPECIALIST WITHIN TWO (2) WORK DAYS WHEN OR IF:
  - a. you move.
  - b. you or any adult in your household experience a change in employment status, work hours, work days, increase or decrease in wages or any type of unearned income, or changes in days/hours of school/training attendance.
  - c. you begin receiving Cash Assistance or your Cash Assistance benefit status changes.
  - d. someone moves in or out of your home.
  - e. you stop using child care services or if you need to change child care providers. Payment cannot be made for child care services if the provider has not been authorized by your child care specialist.
7. You are responsible for any additional charges not covered by DES (*i.e., registration fees, late fees*).
8. You must cooperate with the Arizona Department of Economic Security (DES) in order to initiate and maintain eligibility. IT IS YOUR RESPONSIBILITY TO REPORT ALL CHANGES. Verification of the information may be requested. Failure to comply with departmental requirements may result in a loss of child care services and you may be subject to a Priority Waiting List upon reapplication.
9. When a Priority Waiting List is in effect you must comply with all department requirements and maintain eligibility in order to retain your placement on the Priority Waiting List.
10. You must be truthful in your statements to the DES or you may be charged with fraud. Arizona Revised Statutes (A.R.S.) 46-213 and 46-216 provide for a fine and/or imprisonment as punishment for conviction of fraud.
11. You are responsible to repay overpayments incurred as determined by the DES.
12. If you file for an appeal, and elect to have services continued pending the outcome, you will be responsible to repay DES for the cost of services during the appeal process if the hearing decision or Board of Appeals' decision is **NOT** in your favor.

I hereby apply for the services requested. Statements made on this form by me or on my behalf are true and correct to the best of my knowledge. I authorize the Arizona Department of Economic Security to verify any information through employers, current or prior, or other persons or institutions. I have been informed of my rights and responsibilities regarding eligibility for services. Any applicant who knowingly submits false information or knowingly conceals a material fact on the application may be charged with fraud pursuant to A.R.S. § 13-2311, a class 5 felony. Clients will be responsible for overpayments.

SIGNATURE OF APPLICANT

DATE

**PLEASE KEEP THE ORIGINAL FOR YOUR RECORDS****(SEE REVERSE)**

Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting: (602) 542-4248.

## DES CHILD CARE SERVICES INFORMATION

### REPORT CHANGES IMMEDIATELY

If you or any household member experience changes in employment or school status, income, Cash Assistance status, an increase or decrease in household size, or any other changes which may effect your eligibility for DES Child Care services, you must report the change within 2 work days to your local DES Child Care office. You may be required to submit one or more of the applicable types of verification listed below.

### VERIFICATION REQUIREMENTS

- If you are working, or are in a work study program, provide:
  - copies of your paycheck stubs for the most recent month, or
  - a current statement signed by your employer verifying monthly gross wages, frequency of pay and days/hours of employment. Also include verification of tips, bonuses, commissions or allowances and the frequency of payment.
- If you are self-employed, provide a copy of your annual tax return, quarterly tax statement or weekly/monthly ledgers verifying gross income, receipts for business income and expenses for the last three months.
- If you are attending school or training, provide a current statement from the school or training program verifying start and end dates of the activity, and days/hours of attendance, and you may be required to verify that you are maintaining satisfactory progress or remain in good standing with the educational institution. **Note:** In order to receive child care benefits for school or training purposes, you must be employed an average of at least 20 hours per week per calendar month (*excluding teen parents in high school/GED and Jobs participants*).

### VERIFICATION OF OTHER INCOME

- If receiving Unemployment Insurance, Social Security, Veterans' or any other type of benefits, provide a copy of the current award letter.
- **Child Support.** If you receive child support payments through a court, provide a current printout verifying the most recent payment. If the child support payment is not received through the court, provide the court order or ATLAS number.
- If you pay child support for any children who do not live with you, provide a court order or divorce decree specifying the amount paid each month.

### CHILD CARE FOR MEDICAL REASONS

You must provide a current statement from your licensed physician, certified psychologist, or certified behavioral health specialist explaining how the medical condition prevents you or the other parent in the home from providing care to your child(ren); the duration and frequency that child care is needed must be specified.

### CHILD CARE FOR SHELTER RESIDENT

You must provide a current statement from the shelter specifying the number of hours per day, days per week, and duration of your current activity.

### PRIORITY WAITING LIST REQUIREMENTS

- If you are on the Priority Waiting List, you may remain on the list as long as your family continues to meet income and other eligibility requirements, including continuing to cooperate with the Department to redetermine eligibility as requested.
- When a Priority Waiting List is in effect, priority for services will be given to families with income at or below 100% of the Federal Poverty Level based on the date and month the application was received by the Department.
- Failure to comply with the case review process, or to provide requested verification may result in the removal of your name from the Priority Waiting List, and loss of eligibility for child care programs. Once removed from the Priority Waiting List, you will need to reapply for child care services. If you reapply **within 30 days** of the review date and are determined eligible you may retain your most recent placement date on the Priority Waiting List. If you reapply **more than 30 days** after the review date and you are determined eligible, your name will be added back to the Priority Waiting List effective the date you reapply.

### REQUIREMENTS FOR CASH ASSISTANCE FAMILIES IN EDUCATION/TRAINING ACTIVITIES

If you are receiving Cash Assistance benefits, and are receiving child care services for education/training needs, you must comply with the Jobs program (*if contacted by Jobs*) as a requirement for Cash Assistance and child care eligibility. If you are contacted by the Jobs program, you are required to participate in all Jobs activities as assigned. Failure to comply with Jobs requirements may result in a sanction; your Cash Assistance benefits may be reduced, and you may lose child care eligibility.

### WHEN YOUR DAILY COPAYMENT IS MORE THAN THE DES PAYMENT RATE

**IMPORTANT:** If the daily copayment assigned to you (*based on your family size and income*) is more than the daily rate DES pays (*based on the provider you have selected and the age of your child*), your provider will not receive payment from DES. If you are at fee levels L5 or L6 check with your provider to see how this will affect you.

### ASSISTANCE IN LOCATING A CHILD CARE PROVIDER

The Child Care Resource and Referral service (CCR&R) can assist you in finding a child care provider that meets your needs. This free service is available to all families. Please call 1-800-308-9000 for information about locating a child care provider.